

## ANDOVER PLANNING BOARD

### APPLICATION FOR SPECIAL PERMIT FOR ELDERLY HOUSING FACILITY

(Section 7.4. of the Andover Zoning By-Law)

#### APPLICATION MUST BE COMPLETE

(Please print or type)

**\*Note:** Applicants are encouraged to discuss the proposed project with a staff person from the Planning Department prior to completing this application.

1. Applicant(s) Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Record Owner(s): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Interest in Property: \_\_\_\_\_ Owner: \_\_\_\_\_ Lessee: \_\_\_\_\_ Other (describe) \_\_\_\_\_  
\_\_\_\_\_
2. Parcel Information:
  - a. Site Address: \_\_\_\_\_
  - b. Assessor's Map(s): \_\_\_\_\_ Lot Number(s): \_\_\_\_\_  
Recorded in Book/Page: \_\_\_\_\_
  - c. Lot Size: \_\_\_\_\_ sq. ft. \_\_\_\_\_ acre(s) Zoning: \_\_\_\_\_
3. Application is hereby made for a Special Permit under Section 7.4 of the Andover Zoning By-Law for the following (check as appropriate):
  - a. \_\_\_\_\_ Assisted Living Facility, per Section 7.4.3.
  - b. \_\_\_\_\_ Long-Term Care Facility, per Section 7.4.6.
  - c. \_\_\_\_\_ Congregate Living Facility, per Section 7.4.7.
  - d. \_\_\_\_\_ Independent Living Residence, per Section 7.4.8.
  - e. \_\_\_\_\_ Modification of Special Permit Number \_\_\_\_\_

4. Description of proposal (use additional sheets if necessary)

a. Proposed Construction \_\_\_\_\_ Existing building/expansion \_\_\_\_\_ Proposed Building

Number of Stories: \_\_\_\_\_ Height: \_\_\_\_\_ Total Gross Floor Area: \_\_\_\_\_

Total Building Coverage: \_\_\_\_\_ % of Lot

b. Description of Dwelling Units

Total Number of Units: \_\_\_\_\_ Number of Units/Acres \_\_\_\_\_

Number of Studio Apartments: \_\_\_\_\_ Size(s): \_\_\_\_\_ Sq. Ft.

Number of One Bedroom Apartments \_\_\_\_\_ Size(s): \_\_\_\_\_ Sq. Ft.

Number of Two Bedroom Apartments \_\_\_\_\_ Size(s): \_\_\_\_\_ Sq. Ft.

Total Number of Institutional Care Units (Assisted Living or Congregate Care only): \_\_\_\_\_

Total Number of Beds (Long Term Care Facility only): \_\_\_\_\_

c. Affordable Units

(1) Number of Affordable Units: \_\_\_\_\_ % of total number of units

If seeking to develop less than the minimum number of affordable units, explain why:

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(2) Type of affordable units

\_\_\_\_\_ Low Income Units \_\_\_\_\_ % of Affordable Units

\_\_\_\_\_ Moderate Income Units \_\_\_\_\_ % of Affordable Units

\_\_\_\_\_ Upper Moderate Income Units \_\_\_\_\_ % of Affordable Units

(3) Estimated Monthly Housing, Meals and Core Service Costs

Low Income: \_\_\_\_\_

Moderate Income: \_\_\_\_\_

Upper-Moderate Income: \_\_\_\_\_

d. Exceptions (See Section 7.4.4. of the Zoning By-Law):

(1) Density Bonus: \_\_\_\_\_

(2) Higher percentage of Moderate Income Units: \_\_\_\_\_

(3) Cash or other contribution to the Town or its designee (please describe and attach additional sheets if necessary): \_\_\_\_\_  
\_\_\_\_\_

5. Describer mechanism(s) to be used to ensure compliance with the affordability restrictions:

\_\_\_\_\_  
\_\_\_\_\_

6. Describe transportation services to be provided: \_\_\_\_\_

\_\_\_\_\_

7. Describe accessory uses/services to be provided (e.g. Hair Salon, Gift Shop, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. Describe how project is to be financed, including any public subsidies (public or low interest rates, tax abatements etc.): \_\_\_\_\_

\_\_\_\_\_

This application should include a floor plan sketch showing the layout of the building(s), including general location of affordable units, unit types, and institutional care units if being provided.

I understand and agree to comply with the requirements of the Andover Planning Board’s Rules Governing Special Permits.

\_\_\_\_\_  
Signature of Record Owner

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

OFFICE USE ONLY:

Date of Submission:\_\_\_\_\_

IDR Meeting Date: \_\_\_\_\_

Planning Board Review:\_\_\_\_\_

(Revised: 6-01)